

House Amendment 8439

PAG LIN

1 1 Amend House File 2539, as amended, passed, and
1 2 reprinted by the House, as follows:
1 3 #1. By striking page 1, line 3, through page 2,
1 4 line 4, and inserting the following:
1 5 <Section 1. DECLARATION OF INTENT.
1 6 1. It is the intent of the general assembly to
1 7 progress toward achievement of the goal that all
1 8 Iowans have health care coverage with the following
1 9 priorities:
1 10 a. The goal that all children in the state have
1 11 health care coverage which meets certain standards of
1 12 quality and affordability with the following
1 13 priorities:
1 14 (1) Covering all children who are declared
1 15 eligible for the medical assistance program or the
1 16 hawk=i program pursuant to chapter 514I no later than
1 17 January 1, 2011.
1 18 (2) Building upon the current hawk=i program by
1 19 creating a hawk=i expansion program to provide
1 20 coverage to children who meet the hawk=i program's
1 21 eligibility criteria but whose income is at or below
1 22 three hundred percent of the federal poverty level,
1 23 beginning July 1, 2009.
1 24 (3) If federal reauthorization of the state
1 25 children's health insurance program provides
1 26 sufficient federal allocations to the state and
1 27 authorization to cover such children as an option
1 28 under the state children's health insurance program,
1 29 requiring the department of human services to expand
1 30 coverage under the state children's health insurance
1 31 program to cover children with family incomes at or
1 32 below three hundred percent of the federal poverty
1 33 level, with appropriate cost sharing established for
1 34 families with incomes above two hundred percent of the
1 35 federal poverty level.
1 36 b. The goal that the Iowa comprehensive health
1 37 insurance association, in consultation with the
1 38 advisory council established in section 514E.5A,
1 39 develop a comprehensive plan to cover all children
1 40 without health care coverage that utilizes and
1 41 modifies existing public programs including the
1 42 medical assistance program, the hawk=i program, and
1 43 the hawk=i expansion program, and provide access to
1 44 unsubsidized, affordable, qualified health care
1 45 coverage for children, adults, and families with
1 46 family incomes as specified under the Iowa choice
1 47 health care coverage program who are not otherwise
1 48 eligible for health care coverage through public
1 49 programs.
1 50 c. The goal of decreasing health care costs and
2 1 health care coverage costs by:
2 2 (1) Instituting health insurance reforms that
2 3 assure the availability of private health insurance
2 4 coverage for Iowans by addressing issues involving
2 5 guaranteed availability and issuance to applicants,
2 6 preexisting condition exclusions, portability, and
2 7 allowable or required pooling and rating
2 8 classifications.
2 9 (2) Requiring children who have health care
2 10 coverage through a public program administered by the
2 11 state, with the exception of any public program that
2 12 provides health care coverage through private
2 13 insurers, and children who are insured through plans
2 14 created by the Iowa choice health care coverage
2 15 program to have a medical home.
2 16 (3) Establishing a statewide health information
2 17 technology system.
2 18 (4) Implementing cost containment strategies and
2 19 initiatives such as chronic care management, long-term
2 20 living planning and patient autonomy in health care
2 21 decision making, and transparency in health care costs
2 22 and quality information.>
2 23 #2. Page 2, by inserting before line 5 the
2 24 following:

2 25 <DIVISION ____
2 26 HAWK=I AND MEDICAID EXPANSION
2 27 Sec. ____ Section 249A.3, subsection 1, paragraph
2 28 1, Code Supplement 2007, is amended to read as
2 29 follows:
2 30 1. Is an infant whose income is not more than two
2 31 hundred percent of the federal poverty level, as
2 32 defined by the most recently revised income guidelines
2 33 published by the United States department of health
2 34 and human services. Additionally, effective July 1,
2 35 2009, medical assistance shall be provided to an
2 36 infant whose family income is at or below three
2 37 hundred percent of the federal poverty level, as
2 38 defined by the most recently revised poverty income
2 39 guidelines published by the United States department
2 40 of health and human services.
2 41 Sec. ____ Section 249A.3, Code Supplement 2007, is
2 42 amended by adding the following new subsection:
2 43 NEW SUBSECTION. 14. The department shall provide
2 44 continuous eligibility for twelve months under the
2 45 medical assistance program for a child who was
2 46 eligible for enrollment at the time of the most recent
2 47 enrollment.
2 48 Sec. ____ Section 514I.1, subsection 4, Code 2007,
2 49 is amended to read as follows:
2 50 4. It is the intent of the general assembly that
3 1 the hawk=i program be an integral part of the
3 2 continuum of health insurance coverage and that the
3 3 program be developed and implemented in such a manner
3 4 as to facilitate movement of families between health
3 5 insurance providers and to facilitate the transition
3 6 of families to private sector health insurance
3 7 coverage. It is the intent of the general assembly in
3 8 developing such continuum of health insurance coverage
3 9 and in facilitating such transition, that beginning
3 10 July 1, 2009, the department implement the hawk=i
3 11 expansion program.
3 12 Sec. ____ Section 514I.1, Code 2007, is amended by
3 13 adding the following new subsection:
3 14 NEW SUBSECTION. 5. It is the intent of the
3 15 general assembly that if federal reauthorization of
3 16 the state children's health insurance program provides
3 17 sufficient federal allocations to the state and
3 18 authorization to cover such children as an option
3 19 under the state children's health insurance program,
3 20 the department shall expand coverage under the state
3 21 children's health insurance program to cover children
3 22 with family incomes at or below three hundred percent
3 23 of the federal poverty level.
3 24 Sec. ____ Section 514I.2, Code 2007, is amended by
3 25 adding the following new subsection:
3 26 NEW SUBSECTION. 7A. "Hawk=i expansion program" or
3 27 "hawk=i expansion" means the healthy and well kids in
3 28 Iowa expansion program created in section 514I.12 to
3 29 provide health insurance to children who meet the
3 30 hawk=i program eligibility criteria pursuant to
3 31 section 514I.8, with the exception of the family
3 32 income criteria, and whose family income is at or
3 33 below three hundred percent of the federal poverty
3 34 level, as defined by the most recently revised poverty
3 35 income guidelines published by the United States
3 36 department of health and human services.
3 37 Sec. ____ Section 514I.5, subsection 7, paragraph
3 38 d, Code Supplement 2007, is amended to read as
3 39 follows:
3 40 d. Develop, with the assistance of the department,
3 41 an outreach plan, and provide for periodic assessment
3 42 of the effectiveness of the outreach plan. The plan
3 43 shall provide outreach to families of children likely
3 44 to be eligible for assistance under the program, to
3 45 inform them of the availability of and to assist the
3 46 families in enrolling children in the program. The
3 47 outreach efforts may include, but are not limited to,
3 48 solicitation of cooperation from programs, agencies,
3 49 and other persons who are likely to have contact with
3 50 eligible children, including but not limited to those
4 1 associated with the educational system, and the
4 2 development of community plans for outreach and
4 3 marketing. Other state agencies including but not
4 4 limited to the department of revenue, the department
4 5 of economic development, and the department of

4 6 education shall cooperate with the department in
4 7 providing marketing and outreach to potentially
4 8 eligible children and their families.

4 9 Sec. ____ Section 514I.5, subsection 7, Code
4 10 Supplement 2007, is amended by adding the following
4 11 new paragraph:

4 12 NEW PARAGRAPH. 1. Develop options and
4 13 recommendations to allow children eligible for the
4 14 hawk=i or hawk=i expansion program to participate in
4 15 qualified employer=sponsored health plans through a
4 16 premium assistance program. The options and
4 17 recommendations shall ensure reasonable alignment
4 18 between the benefits and costs of the hawk=i and
4 19 hawk=i expansion programs and the employer=sponsored
4 20 health plans consistent with federal law. The options
4 21 and recommendations shall be completed by January 1,
4 22 2009, and submitted to the governor and the general
4 23 assembly for consideration as part of the hawk=i and
4 24 hawk=i expansion programs.

4 25 Sec. ____ Section 514I.7, subsection 2, paragraph
4 26 a, Code 2007, is amended to read as follows:

4 27 a. Determine individual eligibility for program
4 28 enrollment based upon review of completed applications
4 29 and supporting documentation. The administrative
4 30 contractor shall not enroll a child who has group
4 31 health coverage ~~or any child who has dropped coverage~~
4 32 ~~in the previous six months, unless the coverage was~~
4 33 ~~involuntarily lost or unless the reason for dropping~~
4 34 ~~coverage is allowed by rule of the board.~~

4 35 Sec. ____ Section 514I.8, subsection 1, Code 2007,
4 36 is amended to read as follows:

4 37 1. Effective July 1, 1998, and notwithstanding any
4 38 medical assistance program eligibility criteria to the
4 39 contrary, medical assistance shall be provided to, or
4 40 on behalf of, an eligible child under the age of
4 41 nineteen whose family income does not exceed one
4 42 hundred thirty=three percent of the federal poverty
4 43 level, as defined by the most recently revised poverty
4 44 income guidelines published by the United States
4 45 department of health and human services.
4 46 Additionally, effective July 1, 2000, and
4 47 notwithstanding any medical assistance program
4 48 eligibility criteria to the contrary, medical
4 49 assistance shall be provided to, or on behalf of, an
4 50 eligible infant whose family income does not exceed
5 1 two hundred percent of the federal poverty level, as
5 2 defined by the most recently revised poverty income
5 3 guidelines published by the United States department
5 4 of health and human services. Effective July 1, 2009,
5 5 and notwithstanding any medical assistance program
5 6 eligibility criteria to the contrary, medical
5 7 assistance shall be provided to, or on behalf of, an
5 8 eligible infant whose family income is at or below
5 9 three hundred percent of the federal poverty level, as
5 10 defined by the most recently revised poverty income
5 11 guidelines published by the United States department
5 12 of health and human services.

5 13 Sec. ____ Section 514I.10, subsection 2, Code
5 14 2007, is amended to read as follows:

5 15 2. Cost sharing for eligible children whose family
5 16 income ~~equals or exceeds~~ is one hundred fifty percent
5 17 but does not exceed two hundred percent of the federal
5 18 poverty level may include a premium or copayment
5 19 amount which does not exceed five percent of the
5 20 annual family income. The amount of any premium or
5 21 the copayment amount shall be based on family income
5 22 and size.

5 23 Sec. ____ Section 514I.11, subsections 1 and 3,
5 24 Code 2007, are amended to read as follows:

5 25 1. A hawk=i trust fund is created in the state
5 26 treasury under the authority of the department of
5 27 human services, in which all appropriations and other
5 28 revenues of the program and the hawk=i expansion
5 29 program such as grants, contributions, and participant
5 30 payments shall be deposited and used for the purposes
5 31 of the program and the hawk=i expansion program. The
5 32 moneys in the fund shall not be considered revenue of
5 33 the state, but rather shall be funds of the program.

5 34 3. Moneys in the fund are appropriated to the
5 35 department and shall be used to offset any program and
5 36 hawk=i expansion program costs.

5 37 Sec. ____ . NEW SECTION. 514I.12 HAWK=I EXPANSION
5 38 PROGRAM.

5 39 1. All children less than nineteen years of age
5 40 who meet the hawk=i program eligibility criteria
5 41 pursuant to section 514I.8, with the exception of the
5 42 family income criteria, and whose family income is at
5 43 or below three hundred percent of the federal poverty
5 44 level, shall be eligible for the hawk=i expansion
5 45 program.

5 46 2. To the greatest extent possible, the provisions
5 47 of section 514I.4, relating to the director and
5 48 department duties and powers, section 514I.5 relating
5 49 to the hawk=i board, section 514I.6 relating to
5 50 participating insurers, and section 514I.7 relating to
6 1 the administrative contractor shall apply to the
6 2 hawk=i expansion program. The department shall adopt
6 3 any rules necessary, pursuant to chapter 17A, and
6 4 shall amend any existing contracts to facilitate the
6 5 application of such sections to the hawk=i expansion
6 6 program.

6 7 3. The hawk=i board shall establish by rule
6 8 pursuant to chapter 17A, the cost-sharing amounts for
6 9 children under the hawk=i expansion program. The
6 10 rules shall include criteria for modification of the
6 11 cost-sharing amounts by the board. Beginning July 1,
6 12 2009, the board shall establish the cost-sharing
6 13 amounts under the hawk=i expansion program as follows:

6 14 a. For children with family incomes of more than
6 15 two hundred percent but less than two hundred fifty
6 16 percent of the federal poverty level, the monthly
6 17 cost-sharing amount shall be not less than ten dollars
6 18 per individual and twenty dollars per family if not
6 19 otherwise prohibited by federal law.

6 20 b. For children with family incomes of at least
6 21 two hundred fifty percent but at or below three
6 22 hundred percent of the federal poverty level, the
6 23 monthly cost-sharing amount shall be forty dollars per
6 24 individual and eighty dollars per family if not
6 25 otherwise prohibited by federal law.

6 26 Sec. ____ . MAXIMIZATION OF ENROLLMENT AND RETENTION
6 27 == MEDICAL ASSISTANCE AND HAWK=I PROGRAMS.

6 28 1. The department of human services, in
6 29 collaboration with the department of education, the
6 30 department of public health, the division of insurance
6 31 of the department of commerce, the hawk=i board, the
6 32 covering kids and families coalition, and the covering
6 33 kids now task force, shall develop a plan to maximize
6 34 enrollment and retention of eligible children in the
6 35 hawk=i and medical assistance programs. In developing
6 36 the plan, the collaborative shall review, at a
6 37 minimum, all of the following strategies:

6 38 a. Streamlined enrollment in the hawk=i and
6 39 medical assistance programs. The collaborative shall
6 40 identify information and documentation that may be
6 41 shared across departments and programs to simplify the
6 42 determination of eligibility or eligibility factors,
6 43 and any interagency agreements necessary to share
6 44 information consistent with state and federal
6 45 confidentiality and other applicable requirements.

6 46 b. Conditional eligibility for the hawk=i and
6 47 medical assistance programs.

6 48 c. Retroactive eligibility for the hawk=i program.

6 49 d. Expedited renewal for the hawk=i and medical
6 50 assistance programs.

7 1 2. Following completion of the review the
7 2 department of human services shall compile the plan
7 3 which shall address all of the following relative to
7 4 implementation of the strategies specified in
7 5 subsection 1:

7 6 a. Federal limitations and quantifying of the risk
7 7 of federal disallowance.

7 8 b. Any necessary amendment of state law or rule.

7 9 c. Budgetary implications and cost-benefit
7 10 analyses.

7 11 d. Any medical assistance state plan amendments,
7 12 waivers, or other federal approval necessary.

7 13 e. An implementation time frame.

7 14 3. The department of human services shall submit
7 15 the plan to the governor and the general assembly no
7 16 later than December 1, 2008.

7 17 Sec. ____ . MEDICAL ASSISTANCE, HAWK=I, AND HAWK=I

7 18 EXPANSION PROGRAMS == COVERING CHILDREN ==
 7 19 APPROPRIATION. There is appropriated from the
 7 20 general fund of the state to the department of human
 7 21 services for the designated fiscal years, the
 7 22 following amounts, or so much thereof as is necessary,
 7 23 for the purpose designated:
 7 24 To cover children as provided in this Act under the
 7 25 medical assistance, hawk=i, and hawk=i expansion
 7 26 programs and outreach under the current structure of
 7 27 the programs:
 7 28 FY 2008=2009 \$ 4,800,000
 7 29 FY 2009=2010 \$ 14,800,000
 7 30 FY 2010=2011 \$ 24,800,000

7 31 DIVISION _____

7 32 IOWA CHOICE HEALTH CARE COVERAGE PROGRAM

7 33 Sec. _____. Section 514E.1, Code 2007, is amended by
 7 34 adding the following new subsections:

7 35 NEW SUBSECTION. 0A. "Advisory council" means the
 7 36 advisory council created in section 514E.5A.

7 37 NEW SUBSECTION. 6A. "Eligible individual" means
 7 38 an individual who satisfies the eligibility
 7 39 requirements for participation in the Iowa choice
 7 40 health care coverage program as provided by the
 7 41 association by rule.

7 42 NEW SUBSECTION. 14A. "Iowa choice health care
 7 43 coverage program" means the Iowa choice health care
 7 44 coverage program established in this chapter.

7 45 NEW SUBSECTION. 14B. "Iowa choice health care
 7 46 policy" means an individual or group policy issued by
 7 47 the association that provides the coverage set forth
 7 48 in the benefit plans adopted by the association's
 7 49 board of directors and approved by the commissioner
 7 50 for the Iowa choice health care coverage program.

8 1 NEW SUBSECTION. 14C. "Iowa choice health
 8 2 insurance" means the health insurance product
 8 3 established by the Iowa choice health care coverage
 8 4 program that is offered by a private health insurance
 8 5 carrier.

8 6 NEW SUBSECTION. 14D. "Iowa choice health
 8 7 insurance carrier" means any entity licensed by the
 8 8 division of insurance of the department of commerce to
 8 9 provide health insurance in Iowa or an organized
 8 10 delivery system licensed by the director of public
 8 11 health that has contracted with the association to
 8 12 provide health insurance coverage to eligible
 8 13 individuals under the Iowa choice health care coverage
 8 14 program.

8 15 NEW SUBSECTION. 21. "Qualified health care
 8 16 coverage" means creditable coverage which meets
 8 17 minimum standards of quality and affordability as
 8 18 determined by the association by rule.

8 19 Sec. _____. Section 514E.2, subsections 1 and 3,
 8 20 Code 2007, are amended to read as follows:

8 21 1. The Iowa comprehensive health insurance
 8 22 association is established as a nonprofit corporation.
 8 23 The association shall assure that benefit plans as
 8 24 authorized in section 514E.1, subsection 2, for an
 8 25 association policy, are made available to each
 8 26 eligible Iowa resident and each federally eligible
 8 27 individual applying to the association for coverage.
 8 28 The association shall also be responsible for
 8 29 administering the Iowa individual health benefit
 8 30 reinsurance association pursuant to all of the terms
 8 31 and conditions contained in chapter 513C. The
 8 32 association shall also assure that benefit plans as
 8 33 authorized in section 514E.1, subsection 14C, for an
 8 34 Iowa choice health care policy are made available to
 8 35 each eligible individual applying to the association
 8 36 for coverage.

8 37 a. All carriers and all organized delivery systems
 8 38 licensed by the director of public health providing
 8 39 health insurance or health care services in Iowa,
 8 40 whether on an individual or group basis, and all other
 8 41 insurers designated by the association's board of
 8 42 directors and approved by the commissioner shall be
 8 43 members of the association.

8 44 b. The association shall operate under a plan of
 8 45 operation established and approved under subsection 3
 8 46 and shall exercise its powers through a board of
 8 47 directors established under this section.

8 48 3. The association shall submit to the

8 49 commissioner a plan of operation for the association
8 50 and any amendments necessary or suitable to assure the
9 1 fair, reasonable, and equitable administration of the
9 2 association. The plan of operation shall include
9 3 provisions for the issuance of Iowa choice health care
9 4 policies and shall include provisions for the
9 5 development of a comprehensive plan to provide health
9 6 care coverage to all children without such coverage,
9 7 that utilizes and modifies existing public programs,
9 8 including the medical assistance program, hawk=i,
9 9 IowaCare, and hawk=i expansion, and provides for the
9 10 implementation of the Iowa choice health care coverage
9 11 program established in section 514E.5. In developing
9 12 the plan of operation for the comprehensive plan and
9 13 for the Iowa choice health care coverage program, the
9 14 association shall give deference to the
9 15 recommendations made by the advisory council as
9 16 provided in section 514E.5A, subsection 1. The
9 17 association shall approve or disapprove but shall not
9 18 modify recommendations made by the advisory council.
9 19 Recommendations that are approved shall be included in
9 20 the plan of operation submitted to the commissioner.
9 21 Recommendations that are disapproved shall be
9 22 submitted to the commissioner with reasons for the
9 23 disapproval. The plan of operation becomes effective
9 24 upon approval in writing by the commissioner prior to
9 25 the date on which the coverage under this chapter must
9 26 be made available. After notice and hearing, the
9 27 commissioner shall approve the plan of operation if
9 28 the plan is determined to be suitable to assure the
9 29 fair, reasonable, and equitable administration of the
9 30 association, and provides for the sharing of
9 31 association losses, if any, on an equitable and
9 32 proportionate basis among the member carriers. If the
9 33 association fails to submit a suitable plan of
9 34 operation within one hundred eighty days after the
9 35 appointment of the board of directors, or if at any
9 36 later time the association fails to submit suitable
9 37 amendments to the plan, the commissioner shall adopt,
9 38 pursuant to chapter 17A, rules necessary to implement
9 39 this section. The rules shall continue in force until
9 40 modified by the commissioner or superseded by a plan
9 41 submitted by the association and approved by the
9 42 commissioner. In addition to other requirements, the
9 43 plan of operation shall provide for all of the
9 44 following:
9 45 a. The handling and accounting of assets and
9 46 moneys of the association.
9 47 b. The amount and method of reimbursing members of
9 48 the board.
9 49 c. Regular times and places for meeting of the
9 50 board of directors.
10 1 d. Records to be kept of all financial
10 2 transactions, and the annual fiscal reporting to the
10 3 commissioner.
10 4 e. Procedures for selecting the board of directors
10 5 and submitting the selections to the commissioner for
10 6 approval.
10 7 f. The periodic advertising of the general
10 8 availability of health insurance coverage from the
10 9 association.
10 10 g. Additional provisions necessary or proper for
10 11 the execution of the powers and duties of the
10 12 association.
10 13 Sec. ____. NEW SECTION. 514E.5 IOWA CHOICE HEALTH
10 14 CARE COVERAGE PROGRAM.
10 15 1. The association, in consultation with the
10 16 advisory council, shall develop a comprehensive plan
10 17 to provide health care coverage to all children
10 18 without such coverage, that utilizes and modifies
10 19 existing public programs including the medical
10 20 assistance program, hawk=i program, and hawk=i
10 21 expansion program, and establishes the Iowa choice
10 22 health care coverage program to provide access to
10 23 private unsubsidized, affordable, qualified health
10 24 care coverage to children who are not otherwise
10 25 eligible for health care coverage through public
10 26 programs.
10 27 2. As part of the comprehensive plan developed by
10 28 the association and the advisory council, the Iowa
10 29 choice health care coverage program shall provide

10 30 access to private unsubsidized, affordable, qualified
10 31 health care coverage to all Iowa children less than
10 32 nineteen years of age with a family income that is
10 33 more three hundred percent of the federal poverty
10 34 level and to adults and families with a family income
10 35 that is less than four hundred percent of the federal
10 36 poverty level and who are not otherwise eligible for
10 37 coverage under chapter 249A, 249J, or 514I. However,
10 38 a child, adult, or family shall not be eligible for
10 39 health care coverage under the Iowa choice health care
10 40 coverage program if the child, adult, or family is
10 41 enrolled in group health coverage or has dropped
10 42 coverage in the previous six months, unless the
10 43 coverage was involuntarily lost or unless the reason
10 44 for dropping coverage is allowed by rule of the
10 45 association, in consultation with the advisory
10 46 council.

10 47 3. As part of the comprehensive plan developed,
10 48 the association, in consultation with the advisory
10 49 council, shall define what constitutes qualified
10 50 health care coverage for children less than nineteen
11 1 years of age. An Iowa choice health care policy for
11 2 such children shall provide qualified health care
11 3 coverage. For the purposes of this definition and for
11 4 designing Iowa choice health care policies for
11 5 children, requirements for coverage and benefits shall
11 6 include but are not limited to all of the following:

11 7 a. Inpatient hospital services including medical,
11 8 surgical, intensive care unit, mental health, and
11 9 substance abuse services.

11 10 b. Nursing care services including skilled nursing
11 11 facility services.

11 12 c. Outpatient hospital services including
11 13 emergency room, surgery, lab, and x-ray services and
11 14 other services.

11 15 d. Physician services, including surgical and
11 16 medical, office visits, newborn care, well=baby and
11 17 well=child care, immunizations, urgent care,
11 18 specialist care, allergy testing and treatment, mental
11 19 health visits, and substance abuse visits.

11 20 e. Ambulance services.

11 21 f. Physical therapy.

11 22 g. Speech therapy.

11 23 h. Durable medical equipment.

11 24 i. Home health care.

11 25 j. Hospice services.

11 26 k. Prescription drugs.

11 27 l. Dental services including preventive services.

11 28 m. Medically necessary hearing services.

11 29 n. Vision services including corrective lenses.

11 30 o. No underwriting requirements and no preexisting
11 31 condition exclusions.

11 32 p. Chiropractic services.

11 33 4. As part of the comprehensive plan developed,
11 34 the association, in consultation with the advisory
11 35 council, shall develop Iowa choice health care policy
11 36 options that are available for purchase for children
11 37 less than nineteen years of age with a family income
11 38 that is more than three hundred percent of the federal
11 39 poverty level. The program shall require a copayment
11 40 in an amount determined by the association for all
11 41 services received under such a policy except that the
11 42 contribution requirement for all cost-sharing expenses
11 43 of the policy shall be an amount that is no more than
11 44 two percent of family income per each child covered,
11 45 up to a maximum of six and one-half percent of family
11 46 income per family. Policies developed pursuant to
11 47 this subsection shall be available for purchase no
11 48 later than January 1, 2010.

11 49 5. As part of the comprehensive plan, the
11 50 association, in consultation with the advisory
12 1 council, shall define what constitutes qualified
12 2 health care coverage for adults and families who are
12 3 not eligible for a public program and have a family
12 4 income that is less than four hundred percent of the
12 5 federal poverty level. Iowa choice health care
12 6 policies for adults and families shall provide
12 7 qualified health care coverage. The association, in
12 8 consultation with the advisory council, shall develop
12 9 Iowa choice health care policy options that are
12 10 available for purchase by adults and families who are

12 11 not eligible for a public program and have a family
12 12 income that is less than four hundred percent of the
12 13 federal poverty level. The Iowa choice health care
12 14 policy options that are offered for purchase by such
12 15 adults and families shall provide a selection of
12 16 health benefit plans and standardized benefits with
12 17 the objective of providing health care coverage for
12 18 which all cost-sharing expenses do not exceed six and
12 19 one-half percent of family income. Policies developed
12 20 pursuant to this subsection shall be available for
12 21 purchase no later than January 1, 2010.

12 22 6. As part of the comprehensive plan, the Iowa
12 23 choice health care coverage program shall provide for
12 24 health benefits coverage through private health
12 25 insurance carriers that apply to the association and
12 26 meet the qualifications described in this section and
12 27 any additional qualifications established by rules of
12 28 the association. The Iowa choice health care coverage
12 29 program shall provide for the sale of Iowa choice
12 30 health care policies by licensed insurance producers
12 31 that apply to the association and meet the
12 32 qualifications established by rules of the
12 33 association. The association shall collaborate with
12 34 potential Iowa choice health insurance carriers to do
12 35 the following, including but not limited to:

12 36 a. Assure the availability of private qualified
12 37 health care coverage to all eligible individuals by
12 38 designing solutions to issues relating to guaranteed
12 39 issuance of insurance, preexisting condition
12 40 exclusions, portability, and allowable pooling and
12 41 rating classifications.

12 42 b. Formulate principles that ensure fair and
12 43 appropriate practices relating to issues involving
12 44 individual Iowa choice health care policies such as
12 45 rescission and preexisting condition clauses, and that
12 46 provide for a binding third-party review process to
12 47 resolve disputes related to such issues.

12 48 c. Design affordable, portable Iowa choice health
12 49 care policies that specifically meet the needs of
12 50 eligible individuals.

13 1 7. The association, in developing the
13 2 comprehensive plan, and in administering the
13 3 comprehensive plan and the Iowa choice health care
13 4 coverage program, may do any of the following:

13 5 a. Seek and receive any grant funding from the
13 6 federal government, departments, or agencies of this
13 7 state, and private foundations.

13 8 b. Contract with professional service firms as may
13 9 be necessary, and fix their compensation.

13 10 c. Employ persons necessary to carry out the
13 11 duties of the program.

13 12 d. Design a premium schedule to be published by
13 13 the association by December 1 of each year, which
13 14 includes the development of rating factors that are
13 15 consistent with market conditions.

13 16 8. The association shall submit the comprehensive
13 17 plan required by this section to the governor and the
13 18 general assembly by December 15, 2008. The
13 19 appropriations to cover children under the medical
13 20 assistance, hawk=i, and hawk=i expansion programs as
13 21 provided in this Act and to provide related outreach
13 22 for fiscal year 2009=2010 and fiscal year 2010=2011
13 23 are contingent upon enactment of a comprehensive plan
13 24 during the 2009 legislative session that provides
13 25 health care coverage for all children in the state.
13 26 Enactment of a comprehensive plan shall include a
13 27 determination of what the prospects are of federal
13 28 action which may impact the comprehensive plan and the
13 29 fiscal impact of the comprehensive plan on the state
13 30 budget.

13 31 9. Beginning on January 15, 2010, and on January
13 32 15 of each year thereafter, the association shall
13 33 submit an annual report to the governor and the
13 34 general assembly regarding implementation of the
13 35 comprehensive plan required by this section, including
13 36 all activities of the Iowa choice health care coverage
13 37 program including but not limited to membership in the
13 38 program, the administrative expenses of the program,
13 39 the extent of coverage, the effect on premiums, the
13 40 number of covered lives, the number of Iowa choice
13 41 health care policies issued or renewed, and Iowa

13 42 choice health care coverage program premiums earned
13 43 and claims incurred by Iowa choice health insurance
13 44 carriers offering Iowa choice health care policies.
13 45 The association shall also report specifically on the
13 46 impact of the comprehensive plan and the Iowa choice
13 47 health care coverage program on the small group and
13 48 individual health insurance markets and any reduction
13 49 in the number of uninsured individuals, particularly
13 50 children less than nineteen years of age, in the
14 1 state.
14 2 10. The association may grant not more than two
14 3 six-month extensions of the deadlines established in
14 4 this section as deemed necessary by the association to
14 5 promote orderly administration of the program and to
14 6 facilitate public outreach and information concerning
14 7 the program.
14 8 11. Any state obligation to provide services
14 9 pursuant to this section is limited to the extent of
14 10 the funds appropriated or provided for implementation
14 11 of this section.
14 12 12. Section 514E.7 is not applicable to Iowa
14 13 choice health care policies issued pursuant to this
14 14 section.
14 15 Sec. ____ . NEW SECTION. 514E.5A ADVISORY COUNCIL.
14 16 1. An advisory council is created for the purpose
14 17 of assisting the association with developing a
14 18 comprehensive plan to cover all children without
14 19 health care coverage that utilizes and modifies
14 20 existing public programs and provides access to
14 21 unsubsidized, affordable, qualified private health
14 22 care coverage through the Iowa choice health care
14 23 coverage program as provided in section 514E.5. The
14 24 advisory council shall make recommendations concerning
14 25 the design and implementation of the comprehensive
14 26 plan and the Iowa choice health care coverage program
14 27 including a plan of operation which includes but is
14 28 not limited to a definition of what constitutes
14 29 qualified health care coverage, suggestions for the
14 30 design of Iowa choice health insurance options,
14 31 implementation of the health care coverage reporting
14 32 requirement, and plans for implementing the Iowa
14 33 choice health care coverage program.
14 34 2. The advisory council consists of the following
14 35 persons who are voting members unless otherwise
14 36 provided:
14 37 a. The two most recent former governors, or if one
14 38 or both of them are unable or unwilling to serve, a
14 39 person or persons appointed by the governor.
14 40 b. Six members appointed by the governor, subject
14 41 to confirmation by the senate:
14 42 (1) A representative of the federation of Iowa
14 43 insurers.
14 44 (2) A health economist.
14 45 (3) Two consumers, one of whom shall be a
14 46 representative of a children's advocacy organization.
14 47 (4) A representative of organized labor.
14 48 (5) A representative of an organization of
14 49 employers.
14 50 c. The following members shall be ex officio,
15 1 nonvoting members of the council:
15 2 (1) The commissioner of insurance, or a designee.
15 3 (2) The director of human services, or a designee.
15 4 (3) The director of public health, or a designee.
15 5 (4) Four members of the general assembly, one
15 6 appointed by the speaker of the house of
15 7 representatives, one appointed by the minority leader
15 8 of the house of representatives, one appointed by the
15 9 majority leader of the senate, and one appointed by
15 10 the minority leader of the senate.
15 11 3. The members of the council appointed by the
15 12 governor shall be appointed for terms of six years
15 13 beginning and ending as provided in section 69.19.
15 14 Such a member of the board is eligible for
15 15 reappointment. The governor shall fill a vacancy for
15 16 the remainder of the unexpired term.
15 17 4. The members of the council shall annually elect
15 18 one voting member as chairperson and one as vice
15 19 chairperson. Meetings of the council shall be held at
15 20 the call of the chairperson or at the request of a
15 21 majority of the council's members.
15 22 5. The members of the council shall not receive

15 23 compensation for the performance of their duties as
15 24 members but each member shall be paid necessary
15 25 expenses while engaged in the performance of duties of
15 26 the council.

15 27 6. The members of the council are subject to and
15 28 are officials within the meaning of chapter 68B.

15 29 Sec. _____. NEW SECTION. 514E.6 IOWA CHOICE HEALTH
15 30 CARE COVERAGE PROGRAM FUND == APPROPRIATION.

15 31 The Iowa choice health care coverage program fund
15 32 is created in the state treasury as a separate fund
15 33 under the control of the association for deposit of
15 34 any funds for initial operating expenses of the Iowa
15 35 choice health care coverage program, payments made by
15 36 employers and individuals, and any funds received from
15 37 any public or private source. All moneys credited to
15 38 the fund are appropriated and available to the
15 39 association to be used for the purposes of designing
15 40 and implementing a comprehensive plan and the Iowa
15 41 choice health care coverage program as provided in
15 42 section 514E.5. Notwithstanding section 8.33, any
15 43 balance in the fund on June 30 of each fiscal year
15 44 shall not revert to the general fund of the state, but
15 45 shall be available for the purposes set forth for the
15 46 program in this chapter in subsequent years.

15 47 Sec. _____. IOWA CHOICE HEALTH CARE COVERAGE PROGRAM
15 48 == APPROPRIATION. There is appropriated from the
15 49 general fund of the state to the insurance division of
15 50 the department of commerce for the fiscal year
16 1 beginning July 1, 2008, and ending June 30, 2009, the
16 2 following amount, or so much thereof as is necessary,
16 3 for the purpose designated:

16 4 For deposit in the Iowa choice health care coverage
16 5 program fund existing in section 514E.6, for the
16 6 activities of the Iowa choice health care coverage
16 7 program:

16 8 \$ 50,000

16 9 DIVISION _____
16 10 HEALTH INSURANCE OVERSIGHT

16 11 Sec. _____. Section 505.8, Code Supplement 2007, is
16 12 amended by adding the following new subsection:

16 13 NEW SUBSECTION. 5A. The commissioner shall have
16 14 regulatory authority over health benefit plans and
16 15 adopt rules under chapter 17A as necessary, to promote
16 16 the uniformity, cost efficiency, transparency, and
16 17 fairness of such plans for physicians licensed under
16 18 chapters 148, 150, and 150A, and hospitals licensed
16 19 under chapter 135B, for the purpose of maximizing
16 20 administrative efficiencies and minimizing
16 21 administrative costs of health care providers and
16 22 health insurers.

16 23 Sec. _____. HEALTH INSURANCE OVERSIGHT ==
16 24 APPROPRIATION. There is appropriated from the general
16 25 fund of the state to the insurance division of the
16 26 department of commerce for the fiscal year beginning
16 27 July 1, 2008, and ending June 30, 2009, the following
16 28 amount, or so much thereof as is necessary, for the
16 29 purpose designated:

16 30 For identification and regulation of procedures and
16 31 practices related to health care as provided in
16 32 section 505.8, subsection 5A:

16 33 \$ 80,000>

16 34 #3. Page 2, by striking lines 12 and 13 and
16 35 inserting the following:

16 36 <_____. "Commission" means the Iowa electronic
16 37 health information commission.>

16 38 #4. By striking page 4, line 35, through page 8,
16 39 line 34, and inserting the following:

16 40 <Sec. _____. NEW SECTION. 135.156 IOWA ELECTRONIC
16 41 HEALTH INFORMATION COMMISSION.

16 42 1. a. An electronic health information commission
16 43 is created as a public and private collaborative
16 44 effort to promote the adoption and use of health
16 45 information technology in this state in order to
16 46 improve health care quality, increase patient safety,
16 47 reduce health care costs, enhance public health, and
16 48 empower individuals and health care professionals with
16 49 comprehensive, real-time medical information to
16 50 provide continuity of care and make the best health
17 1 care decisions. The commission shall provide
17 2 oversight for the development, implementation, and
17 3 coordination of an interoperable electronic health

17 4 records system, telehealth expansion efforts, the
17 5 health information technology infrastructure, and
17 6 other health information technology initiatives in
17 7 this state.

17 8 b. All health information technology efforts shall
17 9 endeavor to represent the interests and meet the needs
17 10 of consumers and the health care sector, protect the
17 11 privacy of individuals and the confidentiality of
17 12 individuals' information, promote physician best
17 13 practices, and make information easily accessible to
17 14 the appropriate parties. The system developed shall
17 15 be consumer-driven, flexible, and expandable.

17 16 2. The commission shall consist of the following
17 17 voting members:

17 18 a. Individuals with broad experience and vision in
17 19 health care and health information technology and one
17 20 member representing the health care consumer. The
17 21 voting members shall be appointed by the governor,
17 22 subject to confirmation by the senate. The voting
17 23 members shall include all of the following:

17 24 (1) The director of the Iowa communications
17 25 network.

17 26 (2) Three members who are the chief information
17 27 officers of the three largest private health care
17 28 systems.

17 29 (3) One member who is the chief information
17 30 officer of a public health care system.

17 31 (4) A representative of the private
17 32 telecommunications industry.

17 33 (5) A representative of a rural hospital that is a
17 34 member of the Iowa hospital association.

17 35 (6) A consumer advocate.

17 36 (7) A representative of the Iowa safety net
17 37 provider network created in section 135.153.

17 38 (8) A licensed practicing physician.

17 39 (9) A licensed health care provider who is not a
17 40 licensed practicing physician.

17 41 b. In addition, the director of public health and
17 42 the director of human services shall be ex officio,
17 43 nonvoting members of the commission.

17 44 3. a. The members shall select a chairperson,
17 45 annually, from among the membership, and shall serve
17 46 terms of three years beginning and ending as provided
17 47 in section 69.19. Voting member appointments shall
17 48 comply with sections 69.16 and 69.16A. Vacancies
17 49 shall be filled by the original appointing authority
17 50 and in the manner of the original appointments.

18 1 Members shall receive reimbursement for actual
18 2 expenses incurred while serving in their official
18 3 capacity and voting members may also be eligible to
18 4 receive compensation as provided in section 7E.6. A
18 5 person appointed to fill a vacancy for a member shall
18 6 serve only for the unexpired portion of the term. A
18 7 member is eligible for reappointment for two
18 8 successive terms.

18 9 b. The commission shall meet at least quarterly
18 10 and at the call of the chairperson. A majority of the
18 11 voting members of the commission constitutes a quorum.
18 12 Any action taken by the commission must be adopted by
18 13 the affirmative vote of a majority of its voting
18 14 membership.

18 15 c. The commission is located for administrative
18 16 purposes within the department of public health. The
18 17 department shall provide office space, staff
18 18 assistance, administrative support, and necessary
18 19 supplies and equipment for the commission.

18 20 4. The commission shall do all of the following:

18 21 a. Establish an advisory council which shall
18 22 consist of the representatives of entities involved in
18 23 the electronic health records system task force
18 24 established pursuant to section 217.41A, Code 2007,
18 25 and any other members the commission determines
18 26 necessary to assist in the commission's duties
18 27 including but not limited to consumers and consumer
18 28 advocacy organizations; physicians and health care
18 29 professionals; pharmacists; leadership of community
18 30 hospitals and major integrated health care delivery
18 31 networks; state agencies including the department of
18 32 public health, the department of human services, the
18 33 department of elder affairs, the division of insurance
18 34 of the department of commerce, and the office of the

18 35 attorney general; health plans and health insurers;
18 36 legal experts; academics and ethicists; business
18 37 leaders; and professional associations. Public
18 38 members of the advisory council shall receive
18 39 reimbursement for actual expenses incurred while
18 40 serving in their official capacity only if they are
18 41 not eligible for reimbursement by the organization
18 42 that they represent. Any legislative member shall be
18 43 paid the per diem and expenses specified in section
18 44 2.10.

18 45 b. Adopt a statewide health information technology
18 46 plan by July 1, 2009. In developing the plan, the
18 47 commission shall seek the input of providers, payers,
18 48 and consumers. Standards and policies developed for
18 49 the plan shall promote and be consistent with national
18 50 standards developed by the office of the national
19 1 coordinator for health information technology of the
19 2 United States department of health and human services
19 3 and shall address or provide for all of the following:

19 4 (1) The effective, efficient, statewide use of
19 5 electronic health information in patient care, health
19 6 care policymaking, clinical research, health care
19 7 financing, and continuous quality improvement. The
19 8 commission shall adopt requirements for interoperable
19 9 electronic health records in this state including a
19 10 recognized interoperability standard.

19 11 (2) Education of the public and health care
19 12 sectors about the value of health information
19 13 technology in improving patient care, and methods to
19 14 promote increased support and collaboration of state
19 15 and local public health agencies, health care
19 16 professionals, and consumers in health information
19 17 technology initiatives.

19 18 (3) Standards for the exchange of health care
19 19 information.

19 20 (4) Policies relating to the protection of privacy
19 21 of patients and the security and confidentiality of
19 22 patient information.

19 23 (5) Policies relating to health information
19 24 ownership.

19 25 (6) Policies relating to governance of the various
19 26 facets of the health information technology system.

19 27 (7) A single patient identifier or alternative
19 28 mechanism to share secure patient information. If no
19 29 alternative mechanism is acceptable to the commission,
19 30 all health care professionals shall utilize the
19 31 mechanism selected by the commission by July 1, 2010.

19 32 (8) A standard continuity of care record and other
19 33 issues related to the content of electronic
19 34 transmissions. All health care professionals shall
19 35 utilize the standard continuity of care record by July
19 36 1, 2010.

19 37 (9) Requirements for electronic prescribing.

19 38 (10) Economic incentives and support to facilitate
19 39 participation in an interoperable system by health
19 40 care professionals.

19 41 c. Identify existing and potential health
19 42 information technology efforts in this state,
19 43 regionally, and nationally, and integrate existing
19 44 efforts to avoid incompatibility between efforts and
19 45 avoid duplication.

19 46 d. Coordinate public and private efforts to
19 47 provide the network backbone infrastructure for the
19 48 health information technology system. In coordinating
19 49 these efforts, the commission shall do all of the
19 50 following:

20 1 (1) Adopt policies to effectuate the logical
20 2 cost-effective usage of and access to the state-owned
20 3 network, and support of telecommunication carrier
20 4 products, where applicable.

20 5 (2) Complete a memorandum of understanding with
20 6 the Iowa communications network for governmental
20 7 access usage, with private fiber optic networks for
20 8 core backbone usage of private fiber optic networks,
20 9 and with any other communications entity for
20 10 state-subsidized usage of the communications entity's
20 11 products to access any backbone network.

20 12 (3) Establish protocols to ensure compliance with
20 13 any applicable federal standards.

20 14 (4) Determine costs for accessing the network at a
20 15 level that provides sufficient funding for the

20 16 network.

20 17 e. Promote the use of telemedicine.

20 18 (1) Examine existing barriers to the use of

20 19 telemedicine and make recommendations for eliminating

20 20 these barriers.

20 21 (2) Examine the most efficient and effective

20 22 systems of technology for use and make recommendations

20 23 based on the findings.

20 24 f. Address the workforce needs generated by

20 25 increased use of health information technology.

20 26 g. Adopt rules in accordance with chapter 17A to

20 27 implement all aspects of the statewide plan and the

20 28 network.

20 29 h. Coordinate, monitor, and evaluate the adoption,

20 30 use, interoperability, and efficiencies of the various

20 31 facets of health information technology in this state.

20 32 i. Seek and apply for any federal or private

20 33 funding to assist in the implementation and support of

20 34 the health information technology system and make

20 35 recommendations for funding mechanisms for the ongoing

20 36 development and maintenance costs of the health

20 37 information technology system.

20 38 j. Identify state laws and rules that present

20 39 barriers to the development of the health information

20 40 technology system and recommend any changes to the

20 41 governor and the general assembly.

20 42 Sec. _____. Section 8D.13, Code 2007, is amended by

20 43 adding the following new subsection:

20 44 NEW SUBSECTION. 20. Access shall be offered to

20 45 the Iowa hospital association only for the purposes of

20 46 collection, maintenance, and dissemination of health

20 47 and financial data for hospitals and for hospital

20 48 education services. The Iowa hospital association

20 49 shall be responsible for all costs associated with

20 50 becoming part of the network, as determined by the

21 1 commission.

21 2 Sec. _____. Section 217.41A, Code 2007, is repealed.

21 3 Sec. _____. IOWA HEALTH INFORMATION TECHNOLOGY

21 4 SYSTEM == APPROPRIATION. There is appropriated from

21 5 the general fund of the state to the department of

21 6 public health for the fiscal year beginning July 1,

21 7 2008, and ending June 30, 2009, the following amount,

21 8 or so much thereof as is necessary, for the purpose

21 9 designated:

21 10 For administration of the Iowa health information

21 11 technology system, and for not more than the following

21 12 full-time equivalent positions:

21 13 \$ 118,800

21 14 FTEs 2.00>

21 15 #5. Page 9, by striking line 1 and inserting the

21 16 following:

21 17 <LONG=TERM LIVING PLANNING AND

21 18 PATIENT AUTONOMY IN HEALTH CARE>

21 19 #6. Page 9, by inserting after line 14 the

21 20 following:

21 21 <Sec. _____. END=OF=LIFE CARE DECISION MAKING ==

21 22 APPROPRIATION. There is appropriated from the general

21 23 fund of the state to the department of elder affairs

21 24 for the fiscal year beginning July 1, 2008, and ending

21 25 June 30, 2009, the following amount, or so much

21 26 thereof as is necessary, for the purpose designated:

21 27 For activities associated with the end-of-life care

21 28 decision-making requirements of this division:

21 29 \$ 10,000

21 30 Sec. _____. LONG=TERM LIVING PLANNING TOOLS ==

21 31 PUBLIC EDUCATION CAMPAIGN. The legal services

21 32 development and substitute decision maker programs of

21 33 the department of elder affairs, in collaboration with

21 34 other appropriate agencies and interested parties,

21 35 shall research existing long-term living planning

21 36 tools that are designed to increase quality of life

21 37 and contain health care costs and recommend a public

21 38 education campaign strategy on long-term living to the

21 39 general assembly by January 1, 2009.

21 40 Sec. _____. LONG=TERM CARE OPTIONS PUBLIC EDUCATION

21 41 CAMPAIGN. The department of elder affairs, in

21 42 collaboration with the insurance division of the

21 43 department of commerce, shall implement a long-term

21 44 care options public education campaign. The campaign

21 45 may utilize such tools as the "Own Your Future

21 46 Planning Kit" administered by the centers for Medicare

21 47 and Medicaid services, the administration on aging,
21 48 and the office of the assistant secretary for planning
21 49 and evaluation of the United States department of
21 50 health and human services, and other tools developed
22 1 through the aging and disability resource center
22 2 program of the administration on aging and the centers
22 3 for Medicare and Medicaid services designed to promote
22 4 health and independence as Iowans age, assist older
22 5 Iowans in making informed choices about the
22 6 availability of long-term care options, including
22 7 alternatives to facility-based care, and to streamline
22 8 access to long-term care.

22 9 Sec. _____. LONG-TERM CARE OPTIONS PUBLIC EDUCATION
22 10 CAMPAIGN == APPROPRIATION. There is appropriated from
22 11 the general fund of the state to the department of
22 12 elder affairs for the fiscal year beginning July 1,
22 13 2008, and ending June 30, 2009, the following amount,
22 14 or so much thereof as is necessary, for the purpose
22 15 designated:

22 16 For activities associated with the long-term care
22 17 options public education campaign requirements of this
22 18 division:

22 19 \$ 75,000

22 20 Sec. _____. HOME AND COMMUNITY-BASED SERVICES PUBLIC
22 21 EDUCATION CAMPAIGN. The department of elder affairs
22 22 shall work with other public and private agencies to
22 23 identify resources that may be used to continue the
22 24 work of the aging and disability resource center
22 25 established by the department through the aging and
22 26 disability resource center grant program efforts of
22 27 the administration on aging and the centers for
22 28 Medicare and Medicaid services of the United States
22 29 department of health and human services, beyond the
22 30 federal grant period ending September 30, 2008.

22 31 Sec. _____. PATIENT AUTONOMY IN HEALTH CARE
22 32 DECISIONS PILOT PROJECT.

22 33 1. The department of public health shall establish
22 34 a two-year community coalition for patient treatment
22 35 wishes across the health care continuum pilot project,
22 36 beginning July 1, 2008, and ending June 30, 2010, in a
22 37 county with a population of between fifty thousand and
22 38 one hundred thousand. The pilot project shall utilize
22 39 the process based upon the national physicians orders
22 40 for life sustaining treatment program initiative,
22 41 including use of a standardized physician order for
22 42 scope of treatment form. The pilot project may
22 43 include applicability to chronically ill, frail, and
22 44 elderly or terminally ill individuals in hospitals
22 45 licensed pursuant to chapter 135B, nursing facilities
22 46 or residential care facilities licensed pursuant to
22 47 chapter 135C, or hospice programs as defined in
22 48 section 135J.1.

22 49 2. The department of public health shall convene
22 50 an advisory council, consisting of representatives of
23 1 entities with interest in the pilot project, including
23 2 but not limited to the Iowa hospital association, the
23 3 Iowa medical society, organizations representing
23 4 health care facilities, representatives of health care
23 5 providers, and the Iowa trial lawyers association, to
23 6 develop recommendations for expanding the pilot
23 7 project statewide. The advisory council shall hold
23 8 meetings throughout the state to obtain input
23 9 regarding the pilot project and its statewide
23 10 application. Based on information collected regarding
23 11 the pilot project and information obtained through its
23 12 meetings, the advisory council shall report its
23 13 findings and recommendations, including
23 14 recommendations for legislation, to the governor and
23 15 the general assembly by January 1, 2010.

23 16 3. The pilot project shall not alter the rights of
23 17 individuals who do not execute a physician order for
23 18 scope of treatment.

23 19 a. If an individual is a qualified patient as
23 20 defined in section 144A.2, the individual's
23 21 declaration executed under chapter 144A shall control
23 22 health care decision making for the individual in
23 23 accordance with chapter 144A. A physician order for
23 24 scope of treatment shall not supersede a declaration
23 25 executed pursuant to chapter 144A. If an individual
23 26 has not executed a declaration pursuant to chapter
23 27 144A, health care decision making relating to

23 28 life=sustaining procedures for the individual shall be
23 29 governed by section 144A.7.

23 30 b. If an individual has executed a durable power
23 31 of attorney for health care pursuant to chapter 144B,
23 32 the individual's durable power of attorney for health
23 33 care shall control health care decision making for the
23 34 individual in accordance with chapter 144B. A
23 35 physician order for scope of treatment shall not
23 36 supersede a durable power of attorney for health care
23 37 executed pursuant to chapter 144B.

23 38 c. In the absence of actual notice of the
23 39 revocation of a physician order for scope of
23 40 treatment, a physician, health care provider, or any
23 41 other person who complies with a physician order for
23 42 scope of treatment shall not be subject to liability,
23 43 civil or criminal, for actions taken under this
23 44 section which are in accordance with reasonable
23 45 medical standards. Any physician, health care
23 46 provider, or other person against whom criminal or
23 47 civil liability is asserted because of conduct in
23 48 compliance with this section may interpose the
23 49 restriction on liability in this paragraph as an
23 50 absolute defense.

24 1 Sec. _____. PATIENT AUTONOMY IN HEALTH CARE
24 2 DECISIONS PILOT PROJECT == APPROPRIATION. There is
24 3 appropriated from the general fund of the state to the
24 4 department of public health for the fiscal year
24 5 beginning July 1, 2008, and ending June 30, 2009, the
24 6 following amount, or so much thereof as is necessary,
24 7 for the purpose designated:

24 8 For activities associated with the patient autonomy
24 9 in health care decisions pilot project requirements of
24 10 this division:

24 11 \$ 40,000

24 12 The department shall procure a sole source contract
24 13 to implement the patient autonomy in health care
24 14 decisions pilot project and associated activities
24 15 under this section.>

24 16 #7. Page 9, by inserting after line 34 the
24 17 following:

24 18 <Sec. _____. NEW SECTION. 509A.13B CONTINUATION OF
24 19 DEPENDENT COVERAGE.

24 20 If a governing body, a county board of supervisors,
24 21 or a city council has procured accident or health care
24 22 coverage for its employees under this chapter such
24 23 coverage shall permit continuation of existing
24 24 coverage for an unmarried dependent child of an
24 25 insured or enrollee who so elects, at least through
24 26 the age of twenty=five years old or so long as the
24 27 dependent child maintains full=time status as a
24 28 student in an accredited institution of postsecondary
24 29 education, whichever occurs last, at a premium
24 30 established in accordance with the rating practices of
24 31 the coverage.>

24 32 #8. Page 12, by inserting after line 31 the
24 33 following:

24 34 <____. A chiropractor licensed pursuant to chapter
24 35 151.>

24 36 #9. Page 16, by striking lines 23 through 29 and
24 37 inserting the following: <of a statewide medical home
24 38 system.>

24 39 #10. Page 17, line 17, by inserting after the word
24 40 <service.> the following: <The plan shall provide
24 41 that in sharing information, the priority shall be the
24 42 protection of the privacy of individuals and the
24 43 security and confidentiality of the individual's
24 44 information. Any sharing of information required by
24 45 the medical home system shall comply and be consistent
24 46 with all existing state and federal laws and
24 47 regulations relating to the confidentiality of health
24 48 care information and shall be subject to written
24 49 consent of the patient.>

24 50 #11. Page 20, line 26, by inserting after the
25 1 words <recipients of> the following: <full benefits
25 2 under>.

25 3 #12. Page 20, lines 33 and 34, by striking the
25 4 words <adult recipients of medical assistance> and
25 5 inserting the following: <adults who are recipients
25 6 of full benefits under the medical assistance
25 7 program>.

25 8 #13. Page 21, line 25, by striking the figure <12>

25 9 and inserting the following: <11>.

25 10 [#14](#). Page 22, by inserting after line 1 the

25 11 following:

25 12 <Sec. ____ MEDICAL HOME SYSTEM == APPROPRIATION.

25 13 There is appropriated from the general fund of the

25 14 state to the department of public health for the

25 15 fiscal year beginning July 1, 2008, and ending June

25 16 30, 2009, the following amount, or so much thereof as

25 17 is necessary, for the purpose designated:

25 18 For activities associated with the medical home

25 19 system requirements of this division and for not more

25 20 than the following full-time equivalent positions:

25 21 \$ 137,800

25 22 FTES 4.00>

25 23 [#15](#). Page 28, by striking lines 2 through 6.

25 24 [#16](#). Page 28, by inserting after line 29 the

25 25 following:

25 26 <Sec. ____ Section 136.3, Code 2007, is amended by

25 27 adding the following new subsection:

25 28 NEW SUBSECTION. 12. Perform those duties

25 29 authorized pursuant to section 135.161.

25 30 Sec. ____ PREVENTION AND CHRONIC CARE MANAGEMENT

25 31 == APPROPRIATION. There is appropriated from the

25 32 general fund of the state to the department of public

25 33 health for the fiscal year beginning July 1, 2008, and

25 34 ending June 30, 2009, the following amount, or so much

25 35 thereof as is necessary, for the purpose designated:

25 36 For activities associated with the prevention and

25 37 chronic care management requirements of this division:

25 38 \$ 150,500>

25 39 [#17](#). Page 29, line 25, by inserting after the

25 40 figure <249J.16.> the following: <The council shall

25 41 also coordinate its efforts with the efforts of the

25 42 department of public health regarding health care

25 43 quality, cost containment, and consumer information

25 44 under section 135.163>.

25 45 [#18](#). Page 31, by inserting after line 8, the

25 46 following:

25 47 <DIVISION ____

25 48 HEALTH CARE QUALITY, COST CONTAINMENT, AND

25 49 CONSUMER INFORMATION

25 50 DIVISION XXIV

26 1 HEALTH CARE QUALITY, COST CONTAINMENT,

26 2 AND CONSUMER INFORMATION

26 3 Sec. ____ NEW SECTION. 135.163 HEALTH CARE

26 4 QUALITY, COST CONTAINMENT, AND CONSUMER INFORMATION.

26 5 1. The department shall, at a minimum, do all of

26 6 the following, to improve health care quality, cost

26 7 containment and consumer information:

26 8 a. Develop cost-containment measures that help to

26 9 contain costs while improving quality in the health

26 10 care system.

26 11 b. Provide for coordination of public and private

26 12 cost-containment, quality, and safety efforts in this

26 13 state, including but not limited to efforts of the

26 14 Iowa healthcare collaborative, the Iowa health buyers'

26 15 alliance, the state's Medicare quality improvement

26 16 organization, the Iowa Medicaid enterprise, and the

26 17 medical assistance quality improvement council

26 18 established pursuant to section 249A.36.

26 19 c. Carry out other health care price, quality, and

26 20 safety-related research as directed by the governor

26 21 and the general assembly.

26 22 d. Develop strategies to contain health care costs

26 23 which may include:

26 24 (1) Promoting adoption of health information

26 25 technology through provider incentives.

26 26 (2) Considering a four-tier prescription drug

26 27 copayment system within a prescription drug benefit

26 28 that includes a zero copayment tier for select

26 29 medications to improve patient compliance.

26 30 (3) Providing a standard medication therapy

26 31 management program as a prescription drug benefit to

26 32 optimize high-risk patients' medication outcomes.

26 33 (4) Investigating whether pooled purchasing for

26 34 prescription drug benefits, such as a common statewide

26 35 preferred drug list, would decrease costs.

26 36 e. Develop strategies to increase the public's

26 37 role and responsibility in personal health care

26 38 choices and decisions which may include:

26 39 (1) Creating a public awareness campaign to

26 40 educate consumers on smart health care choices.
 26 41 (2) Promoting public reporting of quality
 26 42 performance measures.
 26 43 f. Develop implementation strategies which may
 26 44 include piloting the various quality,
 26 45 cost=containment, and public involvement strategies
 26 46 utilizing publicly funded health care coverage groups
 26 47 such as the medical assistance program, state of Iowa
 26 48 employee group health plans, and regents institutions
 26 49 health care plans, consistent with collective
 26 50 bargaining agreements in effect.
 27 1 g. Develop a method for health care providers to
 27 2 provide a patient, upon request, with a reasonable
 27 3 estimate of charges for the services.
 27 4 h. Identify the process and time frames for
 27 5 implementation of any initiatives, identify any
 27 6 barriers to implementation of initiatives, and
 27 7 recommend any changes in law or rules necessary to
 27 8 eliminate the barriers and to implement the
 27 9 initiatives.

27 10 Sec. ____ HEALTH CARE QUALITY, COST CONTAINMENT,
 27 11 AND CONSUMER INFORMATION == APPROPRIATION. There is
 27 12 appropriated from the general fund of the state to the
 27 13 department of public health for the fiscal year
 27 14 beginning July 1, 2008, and ending June 30, 2009, the
 27 15 following amount, or so much thereof as is necessary,
 27 16 for the purpose designated:

27 17 For activities associated with the health care
 27 18 quality, cost containment, and consumer information
 27 19 requirements of this division and for not more than
 27 20 the following full-time equivalent positions:
 27 21 \$ 135,900
 27 22 FTEs 3.00

27 23 DIVISION XXV
 27 24 HEALTH AND LONG-TERM CARE ACCESS
 27 25 Sec. ____ NEW SECTION. 135.164 HEALTH AND
 27 26 LONG-TERM CARE ACCESS.

27 27 The department shall coordinate public and private
 27 28 efforts to develop and maintain an appropriate health
 27 29 care delivery infrastructure and a stable,
 27 30 well-qualified, diverse, and sustainable health care
 27 31 workforce in this state. The health care delivery
 27 32 infrastructure and the health care workforce shall
 27 33 address the broad spectrum of health care needs of
 27 34 Iowans throughout their lifespan including long-term
 27 35 care needs. The department shall, at a minimum, do
 27 36 all of the following:

- 27 37 1. Develop a strategic plan for health care
 27 38 delivery infrastructure and health care workforce
 27 39 resources in this state.
- 27 40 2. Provide for the continuous collection of data
 27 41 to provide a basis for health care strategic planning
 27 42 and health care policymaking.
- 27 43 3. Make recommendations regarding the health care
 27 44 delivery infrastructure and the health care workforce
 27 45 that assist in monitoring current needs, predicting
 27 46 future trends, and informing policymaking.
- 27 47 4. Advise and provide support to the health
 27 48 facilities council established in section 135.62.

27 49 Sec. ____ NEW SECTION. 135.165 STRATEGIC PLAN.

27 50 1. The strategic plan for health care delivery
 28 1 infrastructure and health care workforce resources
 28 2 shall describe the existing health care system,
 28 3 describe and provide a rationale for the desired
 28 4 health care system, provide an action plan for
 28 5 implementation, and provide methods to evaluate the
 28 6 system. The plan shall incorporate expenditure
 28 7 control methods and integrate criteria for
 28 8 evidence-based health care. The department shall do
 28 9 all of the following in developing the strategic plan
 28 10 for health care delivery infrastructure and health
 28 11 care workforce resources:

- 28 12 a. Conduct strategic health planning activities
 28 13 related to preparation of the strategic plan.
- 28 14 b. Develop a computerized system for accessing,
 28 15 analyzing, and disseminating data relevant to
 28 16 strategic health planning. The department may enter
 28 17 into data sharing agreements and contractual
 28 18 arrangements necessary to obtain or disseminate
 28 19 relevant data.
- 28 20 c. Conduct research and analysis or arrange for

28 21 research and analysis projects to be conducted by
28 22 public or private organizations to further the
28 23 development of the strategic plan.

28 24 d. Establish a technical advisory committee to
28 25 assist in the development of the strategic plan. The
28 26 members of the committee may include but are not
28 27 limited to health economists, health planners,
28 28 representatives of health care purchasers,
28 29 representatives of state and local agencies that
28 30 regulate entities involved in health care,
28 31 representatives of health care providers and health
28 32 care facilities, and consumers.

28 33 2. The strategic plan shall include statewide
28 34 health planning policies and goals related to the
28 35 availability of health care facilities and services,
28 36 the quality of care, and the cost of care. The
28 37 policies and goals shall be based on the following
28 38 principles:

28 39 a. That a strategic health planning process,
28 40 responsive to changing health and social needs and
28 41 conditions, is essential to the health, safety, and
28 42 welfare of Iowans. The process shall be reviewed and
28 43 updated as necessary to ensure that the strategic plan
28 44 addresses all of the following:

28 45 (1) Promoting and maintaining the health of all
28 46 Iowans.

28 47 (2) Providing accessible health care services
28 48 through the maintenance of an adequate supply of
28 49 health facilities and an adequate workforce.

28 50 (3) Controlling excessive increases in costs.

29 1 (4) Applying specific quality criteria and
29 2 population health indicators.

29 3 (5) Recognizing prevention and wellness as
29 4 priorities in health care programs to improve quality
29 5 and reduce costs.

29 6 (6) Addressing periodic priority issues including
29 7 disaster planning, public health threats, and public
29 8 safety dilemmas.

29 9 (7) Coordinating health care delivery and resource
29 10 development efforts among state agencies including
29 11 those tasked with facility, services, and professional
29 12 provider licensure; state and federal reimbursement;
29 13 health service utilization data systems; and others.

29 14 (8) Recognizing long-term care as an integral
29 15 component of the health care delivery infrastructure
29 16 and as an essential service provided by the health
29 17 care workforce.

29 18 b. That both consumers and providers throughout
29 19 the state must be involved in the health planning
29 20 process, outcomes of which shall be clearly
29 21 articulated and available for public review and use.

29 22 c. That the supply of a health care service has a
29 23 substantial impact on utilization of the service,
29 24 independent of the effectiveness, medical necessity,
29 25 or appropriateness of the particular health care
29 26 service for a particular individual.

29 27 d. That given that health care resources are not
29 28 unlimited, the impact of any new health care service
29 29 or facility on overall health expenditures in this
29 30 state must be considered.

29 31 e. That excess capacity of health care services
29 32 and facilities places an increased economic burden on
29 33 the public.

29 34 f. That the likelihood that a requested new health
29 35 care facility, service, or equipment will improve
29 36 health care quality and outcomes must be considered.

29 37 g. That development and ongoing maintenance of
29 38 current and accurate health care information and
29 39 statistics related to cost and quality of health care
29 40 and projections of the need for health care facilities
29 41 and services are necessary to developing an effective
29 42 health care planning strategy.

29 43 h. That the certificate of need program as a
29 44 component of the health care planning regulatory
29 45 process must balance considerations of access to
29 46 quality care at a reasonable cost for all Iowans,
29 47 optimal use of existing health care resources,
29 48 fostering of expenditure control, and elimination of
29 49 unnecessary duplication of health care facilities and
29 50 services, while supporting improved health care
30 1 outcomes.

30 2 i. That strategic health care planning must be
30 3 concerned with the stability of the health care
30 4 system, encompassing health care financing, quality,
30 5 and the availability of information and services for
30 6 all residents.

30 7 3. The health care delivery infrastructure and
30 8 health care workforce resources strategic plan
30 9 developed by the department shall include all of the
30 10 following:

30 11 a. A health care system assessment and objectives
30 12 component that does all of the following:

30 13 (1) Describes state and regional population
30 14 demographics, health status indicators, and trends in
30 15 health status and health care needs.

30 16 (2) Identifies key policy objectives for the state
30 17 health care system related to access to care, health
30 18 care outcomes, quality, and cost-effectiveness.

30 19 b. A health care facilities and services plan that
30 20 assesses the demand for health care facilities and
30 21 services to inform state health care planning efforts
30 22 and direct certificate of need determinations, for
30 23 those facilities and services subject to certificate
30 24 of need. The plan shall include all of the following:

30 25 (1) An inventory of each geographic region's
30 26 existing health care facilities and services.

30 27 (2) Projections of the need for each category of
30 28 health care facility and service, including those
30 29 subject to certificate of need.

30 30 (3) Policies to guide the addition of new or
30 31 expanded health care facilities and services to
30 32 promote the use of quality, evidence-based,
30 33 cost-effective health care delivery options, including
30 34 any recommendations for criteria, standards, and
30 35 methods relevant to the certificate of need review
30 36 process.

30 37 (4) An assessment of the availability of health
30 38 care providers, public health resources,
30 39 transportation infrastructure, and other
30 40 considerations necessary to support the needed health
30 41 care facilities and services in each region.

30 42 c. A health care data resources plan that
30 43 identifies data elements necessary to properly conduct
30 44 planning activities and to review certificate of need
30 45 applications, including data related to inpatient and
30 46 outpatient utilization and outcomes information, and
30 47 financial and utilization information related to
30 48 charity care, quality, and cost. The plan shall
30 49 provide all of the following:

30 50 (1) An inventory of existing data resources, both
31 1 public and private, that store and disclose
31 2 information relevant to the health care planning
31 3 process, including information necessary to conduct
31 4 certificate of need activities. The plan shall
31 5 identify any deficiencies in the inventory of existing
31 6 data resources and the data necessary to conduct
31 7 comprehensive health care planning activities. The
31 8 plan may recommend that the department be authorized
31 9 to access existing data sources and conduct
31 10 appropriate analyses of such data or that other
31 11 agencies expand their data collection activities as
31 12 statutory authority permits. The plan may identify
31 13 any computing infrastructure deficiencies that impede
31 14 the proper storage, transmission, and analysis of
31 15 health care planning data.

31 16 (2) Recommendations for increasing the
31 17 availability of data related to health care planning
31 18 to provide greater community involvement in the health
31 19 care planning process and consistency in data used for
31 20 certificate of need applications and determinations.
31 21 The plan shall also integrate the requirements for
31 22 annual reports by hospitals and health care facilities
31 23 pursuant to section 135.75, the provisions relating to
31 24 analyses and studies by the department pursuant to
31 25 section 135.76, the data compilation provisions of
31 26 section 135.78, and the provisions for contracts for
31 27 assistance with analyses, studies, and data pursuant
31 28 to section 135.83.

31 29 d. An assessment of emerging trends in health care
31 30 delivery and technology as they relate to access to
31 31 health care facilities and services, quality of care,
31 32 and costs of care. The assessment shall recommend any

31 33 changes to the scope of health care facilities and
31 34 services covered by the certificate of need program
31 35 that may be warranted by these emerging trends. In
31 36 addition, the assessment may recommend any changes to
31 37 criteria used by the department to review certificate
31 38 of need applications, as necessary.

31 39 e. A rural health care resources plan to assess
31 40 the availability of health resources in rural areas of
31 41 the state, assess the unmet needs of these
31 42 communities, and evaluate how federal and state
31 43 reimbursement policies can be modified, if necessary,
31 44 to more efficiently and effectively meet the health
31 45 care needs of rural communities. The plan shall
31 46 consider the unique health care needs of rural
31 47 communities, the adequacy of the rural health care
31 48 workforce, and transportation needs for accessing
31 49 appropriate care.

31 50 f. A health care workforce resources plan to
32 1 assure a competent, diverse, and sustainable health
32 2 care workforce in Iowa and to improve access to health
32 3 care in underserved areas and among underserved
32 4 populations. The plan shall include the establishment
32 5 of an advisory council to inform and advise the
32 6 department and policymakers regarding issues relevant
32 7 to the health care workforce in Iowa. The health care
32 8 workforce resources plan shall recognize long-term
32 9 care as an essential service provided by the health
32 10 care workforce.

32 11 4. The department shall submit the initial
32 12 statewide health care delivery infrastructure and
32 13 resources strategic plan to the governor and the
32 14 general assembly by January 1, 2010, and shall submit
32 15 an updated strategic plan to the governor and the
32 16 general assembly every two years thereafter.

32 17 Sec. ____ HEALTH CARE ACCESS == APPROPRIATION.
32 18 There is appropriated from the general fund of the
32 19 state to the department of public health for the
32 20 fiscal year beginning July 1, 2008, and ending June
32 21 30, 2009, the following amount, or so much thereof as
32 22 is necessary, for the purpose designated:

32 23 For activities associated with the health care
32 24 access requirements of this division, and for not more
32 25 than the following full-time equivalent positions:
32 26 \$ 135,900
32 27 FTEs 3.00>

32 28 #19. Page 33, by inserting after line 22 the
32 29 following:

32 30 <Sec. ____ IOWA HEALTHY COMMUNITIES INITIATIVE ==
32 31 APPROPRIATION. There is appropriated from the general
32 32 fund of the state to the department of public health
32 33 for the fiscal year beginning July 1, 2008, and ending
32 34 June 30, 2009, the following amount, or so much
32 35 thereof as is necessary, for the purpose designated:

32 36 For Iowa healthy communities initiative grants
32 37 distributed beginning January 1, 2009, and for not
32 38 more than the following full-time equivalent
32 39 positions:
32 40 \$ 450,000
32 41 FTEs 3.00

32 42 Sec. ____ NEW SECTION. 135.40A HEALTHCARE
32 43 COLLABORATIVE REQUIREMENTS.

32 44 1. In order for the healthcare collaborative to
32 45 receive state funding, the voting membership of the
32 46 board of directors of the healthcare collaborative, as
32 47 defined in section 135.40, shall include at least a
32 48 majority of consumer representatives.

32 49 2. The healthcare collaborative shall model its
32 50 health care indicators including but not limited to
33 1 quality indicators and measures, patient safety
33 2 indicators and measures, pediatric care indicators,
33 3 patient satisfaction measures, and health care
33 4 acquired infection measures on nationally recognized
33 5 indicators and measures developed by such entity as
33 6 the agency for healthcare research and quality of the
33 7 United States department of health and human services
33 8 and the center for Medicare and Medicaid services of
33 9 the United States department of health and human
33 10 services, or similar national entities. In addition,
33 11 infection validity measures shall be developed in
33 12 conjunction with the state epidemiologist and shall
33 13 address legal protections for health care providers

33 14 who report infection rates based on the measures
33 15 developed.
33 16 Sec. _____. GOVERNOR'S COUNCIL ON PHYSICAL FITNESS
33 17 AND NUTRITION == APPROPRIATION. There is appropriated
33 18 from the general fund of the state to the department
33 19 of public health for the fiscal period beginning July
33 20 1, 2008, and ending June 30, 2009, the following
33 21 amount, or so much thereof as is necessary, for the
33 22 purpose designated:
33 23 For the governor's council on physical fitness:
33 24 \$ 112,100>
33 25 #20. Page 34, line 7, by striking the word and
33 26 figure <DIVISION V> and inserting the following:
33 27 <DIVISION XXVI>.
33 28 #21. Page 34, by inserting after line 8 the
33 29 following:
33 30 <Sec. _____. Section 135.62, subsection 2,
33 31 unnumbered paragraph 1, Code 2007, is amended to read
33 32 as follows:
33 33 There is established a state health facilities
33 34 council consisting of ~~five~~ seven persons appointed by
33 35 the governor, ~~one of whom shall be a health economist,~~
33 36 ~~one of whom shall be an actuary, and at least one of~~
33 37 ~~whom shall be a health care consumer.~~ The council
33 38 shall be within the department for administrative and
33 39 budgetary purposes.>
33 40 #22. Page 34, line 9, by striking the figure
33 41 <135.45> and inserting the following: <135.166>.
33 42 #23. Page 34, line 17, by inserting after the word
33 43 <validation> the following: <and shall be modeled on
33 44 national indicators as specified in section 135.40A>.
33 45 #24. Page 34, by inserting after line 23 the
33 46 following:
33 47 <_____. Each hospital in the state that is
33 48 recognized by the Internal Revenue Code as a nonprofit
33 49 organization or entity shall submit, to the department
33 50 of public health and to the legislative services
34 1 agency, annually, a copy of the hospital's internal
34 2 revenue service form 990, including but not limited to
34 3 schedule J or any successor schedule that provides
34 4 compensation information for certain officers,
34 5 directors, trustees, and key employees, and highest
34 6 compensated employees within ninety days following the
34 7 due date for filing the hospital's return for the
34 8 taxable year.
34 9 DIVISION ____
34 10 LONG-TERM CARE WORKFORCE
34 11 Sec. _____. DIRECT CARE WORKER ADVISORY COUNCIL ==
34 12 DUTIES == REPORT.
34 13 1. As used in this section, unless the context
34 14 otherwise requires:
34 15 a. "Assistance with instrumental activities of
34 16 daily living" means assistance with activities beyond
34 17 basic needs that assist a consumer in functioning
34 18 independently within the community. Such services may
34 19 include but are not limited to food preparation and
34 20 nutrition, home management, financial management, and
34 21 infection control, but require no physical contact
34 22 between the direct care worker and the consumer.
34 23 b. "Assistance with personal care activities of
34 24 daily living" means care provided to support a
34 25 consumer in meeting the consumer's basic needs while
34 26 acknowledging personal choices and encouraging
34 27 independence, and generally involves physical contact
34 28 between a direct care worker and a consumer. Such
34 29 services include but are not limited to assistance
34 30 with eating and feeding, bathing, skin care, grooming,
34 31 and mobility assistance.
34 32 c. "Department" means the department of public
34 33 health.
34 34 d. "Direct care" means environmental or chore
34 35 services, health monitoring and maintenance,
34 36 assistance with instrumental activities of daily
34 37 living, assistance with personal care activities of
34 38 daily living, personal care support, or specialty
34 39 skill services.
34 40 e. "Direct care worker" means an individual who
34 41 directly provides or assists a consumer in the care of
34 42 the consumer by providing direct care in a variety of
34 43 settings which may or may not require oversight of the
34 44 direct care worker, depending upon the setting.

34 45 "Direct care worker" does not include a nurse, case
34 46 manager, or social worker.

34 47 f. "Director" means the director of public health.

34 48 g. "Environmental or chore services" means
34 49 services provided both inside and outside of a
34 50 consumer's home that are designed to assist a consumer
35 1 in living independently in the community and which
35 2 require no physical contact between the direct care
35 3 worker and the consumer, and which require no special
35 4 education or training beyond task-specific
35 5 orientation. Such services may include but are not
35 6 limited to heavy household cleaning, lawn care, and
35 7 home maintenance.

35 8 h. "Health monitoring and maintenance" means
35 9 medically oriented care that assists a consumer in
35 10 maintaining the consumer's health on a daily basis and
35 11 which generally requires physical contact between a
35 12 direct care worker and a consumer. Such services may
35 13 include but are not limited to checking of vital
35 14 signs, collecting specimens or samples, and assisting
35 15 with range of motion exercises.

35 16 i. "Personal care support" means support provided
35 17 to a consumer as the consumer performs personal and
35 18 instrumental activities of daily living which require
35 19 no physical contact between the direct care worker and
35 20 the consumer. Such support includes testing and
35 21 training, observation, recording, documenting,
35 22 coaching, and supervising.

35 23 j. "Specialty skill services" means services that
35 24 require the care of a direct care worker with
35 25 additional education and training, and generally
35 26 requires physical contact between a direct care worker
35 27 and a consumer. Such services include dementia or
35 28 Alzheimer's care, psychiatric care, monitoring and
35 29 administration of medications, collecting specimens or
35 30 samples, giving shots, hospice and palliative care,
35 31 protective services, restorative and strengthening
35 32 exercises, and mentoring.

35 33 2. A direct care worker advisory council shall be
35 34 appointed by the director and shall include
35 35 representatives of direct care workers, consumers of
35 36 direct care services, educators of direct care
35 37 workers, other health professionals, employers of
35 38 direct care workers, and appropriate state agencies.

35 39 3. Membership, terms of office, quorum, and
35 40 expenses shall be determined by the director pursuant
35 41 to chapter 135.

35 42 4. The direct care worker advisory council shall
35 43 advise the director regarding regulation and
35 44 certification of direct care workers and shall develop
35 45 recommendations regarding all of the following:

35 46 a. Direct care worker classifications based on
35 47 functions and services provided by direct care
35 48 workers. The classifications shall include those
35 49 based on environmental and chore services, assistance
35 50 with instrumental activities of daily living, personal
36 1 care support, assistance with personal care activities
36 2 of daily living, health monitoring and maintenance,
36 3 and specialty skill services.

36 4 b. Functions for each direct care worker
36 5 classification based upon categories of core
36 6 competencies.

36 7 c. An education and training orientation to be
36 8 provided by employers which addresses the components
36 9 of confidentiality; ethics and legal requirements;
36 10 consumer and worker rights; person-directed and
36 11 consumer-centered care; cultural competency; growth,
36 12 development, and disability-specific competency;
36 13 observation, referral, and reporting; communication
36 14 and interpersonal skills; problem solving; safety and
36 15 emergency procedures; infection control and
36 16 occupational safety and health administration
36 17 guidelines; and professional education and training.

36 18 d. Education and training requirements for each of
36 19 the direct care worker classifications.

36 20 e. The standard curriculum required in training of
36 21 direct care workers for each of the direct care worker
36 22 classifications, based on training required for the
36 23 duties specified and related core competencies. The
36 24 curriculum shall be standard notwithstanding the
36 25 entity offering the curriculum, and shall meet or

36 26 exceed federal or state requirements. The curriculum
36 27 shall include a requirement that any direct care
36 28 worker who will be assisting with prescribed
36 29 medications complete a medication aide course.

36 30 f. Education and training equivalency standards
36 31 for individuals who have completed higher education in
36 32 a health care profession based on core competencies
36 33 for each direct care worker classification and in
36 34 correlation with specific institutional curricula in
36 35 health care professions. The standards shall provide
36 36 that those meeting the equivalency standards may take
36 37 any prescribed examination for the appropriate direct
36 38 care worker classification.

36 39 g. Guidelines that allow individuals who are
36 40 members of the direct care workforce prior to the date
36 41 of required certification to be incorporated into the
36 42 new regulatory system based on education, training,
36 43 current certifications, or demonstration of core
36 44 competencies.

36 45 h. Continuing education requirements and standards
36 46 to ensure that direct care workers remain competent
36 47 and adapt to the changing needs of the direct care
36 48 workforce, employers, and consumers. The requirements
36 49 and standards shall meet or exceed federal or state
36 50 continuing education requirements for the applicable
37 1 direct care worker classification existing prior to
37 2 the date of required certification.

37 3 i. Standards to ensure that direct care worker
37 4 educators and trainers retain a level of competency
37 5 and adapt to the changing needs of the direct care
37 6 workforce, employers, and consumers. The standards
37 7 shall meet or exceed federal or state continuing
37 8 education requirements existing prior to the date of
37 9 required certification.

37 10 j. Certification requirements for each
37 11 classification of direct care worker.

37 12 k. Protections for the title "certified direct
37 13 care worker".

37 14 l. (1) Standardized requirements across care
37 15 settings for supervision, if applicable, for each
37 16 classification of direct care worker based on the
37 17 functions being performed.

37 18 (2) The roles and responsibilities of direct care
37 19 worker supervisory positions which shall meet or
37 20 exceed federal and state requirements existing prior
37 21 to the date of required certification.

37 22 m. Required responsibility for maintenance of
37 23 credentialing and continuing education and training by
37 24 individual direct care workers rather than employers.

37 25 n. Provision of information to income maintenance
37 26 workers and case managers under the purview of the
37 27 department of human services about the education and
37 28 training requirements for direct care workers to
37 29 provide the care and services to meet a consumer's
37 30 needs under the home and community-based services
37 31 waiver options under the medical assistance program.

37 32 5. The direct care worker advisory council shall
37 33 report its recommendations to the director by November
37 34 30, 2008, including recommendations for any changes in
37 35 law or rules necessary to implement certification of
37 36 direct care workers beginning July 1, 2009.

37 37 Sec. ____ DIRECT CARE WORKER COMPENSATION ADVISORY
37 38 COMMITTEE == REVIEWS.

37 39 1. a. The general assembly recognizes that direct
37 40 care workers play a vital role and make a valuable
37 41 contribution in providing care to Iowans with a
37 42 variety of needs in both institutional and home and
37 43 community-based settings. Recruiting and retaining
37 44 qualified, highly competent direct care workers is a
37 45 challenge across all employment settings. High rates
37 46 of employee vacancies and staff turnover threaten the
37 47 ability of providers to achieve the core mission of
37 48 providing safe and high quality support to Iowans.
37 49 However, the general assembly also recognizes that the
37 50 high turnover rate and its resulting negative impact
38 1 on the quality of care provided, is perpetuated and
38 2 exacerbated by the inadequate wages and other
38 3 compensation paid to direct care workers.

38 4 b. It is the intent of the general assembly to
38 5 reduce the turnover rate of and improve the quality of
38 6 health care delivered by direct care workers by

38 7 substantially increasing the wages and other
38 8 compensation paid to direct care workers in this
38 9 state.

38 10 c. It is the intent of the general assembly that
38 11 the initial review of and recommendations for
38 12 improving wages and other compensation paid to direct
38 13 care workers focus on nonlicensed direct care workers
38 14 in the nursing facility setting. However, following
38 15 the initial review of wages and other compensation
38 16 paid to direct care workers in the nursing facility
38 17 setting, the department of human services shall
38 18 convene subsequent advisory committees with
38 19 appropriate representatives of public and private
38 20 organizations and consumers to review the wages and
38 21 other compensation paid to and turnover rates of the
38 22 entire spectrum of direct care workers in the various
38 23 settings in which they are employed as a means of
38 24 demonstrating the general assembly's commitment to
38 25 ensuring a stable and quality direct care workforce in
38 26 this state.

38 27 2. The department of human services shall convene
38 28 an initial direct care worker compensation advisory
38 29 committee to develop recommendations for consideration
38 30 by the general assembly during the 2009 legislative
38 31 session regarding wages and other compensation paid to
38 32 direct care workers in nursing facilities. The
38 33 committee shall consist of the following members,
38 34 selected by their respective organizations:

38 35 a. The director of human services, or the
38 36 director's designee.

38 37 b. The director of public health, or the
38 38 director's designee.

38 39 c. The director of the department of elder
38 40 affairs, or the director's designee.

38 41 d. The director of the department of inspections
38 42 and appeals, or the director's designee.

38 43 e. A representative of the Iowa caregivers
38 44 association.

38 45 f. A representative of the Iowa health care
38 46 association.

38 47 g. A representative of the Iowa association of
38 48 homes and services for the aging.

38 49 h. A representative of the AARP Iowa chapter.

38 50 3. The advisory committee shall also include two
39 1 members of the senate and two members of the house of
39 2 representatives, with not more than one member from
39 3 each chamber being from the same political party. The
39 4 legislative members shall serve in an ex officio,
39 5 nonvoting capacity. The two senators shall be
39 6 appointed respectively by the majority leader of the
39 7 senate and the minority leader of the senate, and the
39 8 two representatives shall be appointed respectively by
39 9 the speaker of the house of representatives and the
39 10 minority leader of the house of representatives.

39 11 4. Public members of the committee shall receive
39 12 actual expenses incurred while serving in their
39 13 official capacity and may also be eligible to receive
39 14 compensation as provided in section 7E.6. Legislative
39 15 members of the committee are eligible for per diem and
39 16 reimbursement of actual expenses as provided in
39 17 section 2.10.

39 18 5. The department of human services shall provide
39 19 administrative support to the committee and the
39 20 director of human services, or the director's designee
39 21 shall serve as chairperson of the committee.

39 22 6. The department shall convene the committee no
39 23 later than May 15, 2008. Prior to the initial
39 24 meeting, the department of human services shall
39 25 provide all members of the committee with a detailed
39 26 analysis of trends in wages and other compensation
39 27 paid to direct care workers.

39 28 7. The committee shall consider options related
39 29 but not limited to all of the following:

39 30 a. Revision of the modified price-based case-mix
39 31 reimbursement system for nursing facilities under the
39 32 medical assistance program.

39 33 b. The shortening of the time delay between a
39 34 nursing facility's submittal of cost reports and
39 35 receipt of the reimbursement based upon these cost
39 36 reports.

39 37 c. The targeting of appropriations to provide

39 38 increases in direct care worker compensation.
39 39 d. Creation of a nursing facility provider tax.
39 40 8. Following its deliberations, the committee
39 41 shall submit a report of its findings and
39 42 recommendations regarding improvement in direct care
39 43 worker wages and compensation in the nursing facility
39 44 setting to the governor and the general assembly no
39 45 later than December 12, 2008.

39 46 9. For the purposes of the initial review, "direct
39 47 care worker" means nonlicensed nursing facility staff
39 48 who provide hands-on care including but not limited to
39 49 certified nurse aides and medication aides.

39 50 Sec. _____. DIRECT CARE WORKER IN NURSING FACILITIES
40 1 == TURNOVER REPORT.

40 2 The department of human services shall modify the
40 3 nursing facility cost reports utilized for the medical
40 4 assistance program to capture data by the distinct
40 5 categories of nonlicensed direct care workers and
40 6 other employee categories for the purposes of
40 7 documenting the turnover rates of direct care workers
40 8 and other employees of nursing facilities. The
40 9 department shall submit a report on an annual basis to
40 10 the governor and the general assembly which provides
40 11 an analysis of direct care worker and other nursing
40 12 facility employee turnover by individual nursing
40 13 facility, a comparison of the turnover rate in each
40 14 individual nursing facility with the state average,
40 15 and an analysis of any improvement or decline in
40 16 meeting any accountability goals or other measures
40 17 related to turnover rates. The annual reports shall
40 18 also include any data available regarding turnover
40 19 rate trends, and other information the department
40 20 deems appropriate. The initial report shall be
40 21 submitted no later than December 1, 2008, and
40 22 subsequent reports shall be submitted no later than
40 23 December 1, annually, thereafter.

40 24 Sec. _____. EMPLOYER-SPONSORED HEALTH CARE COVERAGE
40 25 DEMONSTRATION PROJECT == DIRECT CARE WORKERS.

40 26 1. The department of human services shall
40 27 implement a three-year demonstration project to
40 28 provide a health care coverage premium assistance
40 29 program for nonlicensed direct care workers beginning
40 30 July 1, 2009. The department of human services shall
40 31 convene an advisory council consisting of
40 32 representatives of the Iowa caregivers association,
40 33 the Iowa child and family policy center, the Iowa
40 34 association of homes and services for the aging, the
40 35 Iowa health care association, the AARP Iowa chapter,
40 36 the senior living coordinating unit, and other public
40 37 and private entities with interest in the
40 38 demonstration project to assist in designing the
40 39 project. The department shall also review the
40 40 experiences of other states and the medical assistance
40 41 premium assistance program in designing the
40 42 demonstration project. The department, in
40 43 consultation with the advisory council, shall
40 44 establish criteria to determine which nonlicensed
40 45 direct care workers shall be eligible to participate
40 46 in the demonstration project. The project shall allow
40 47 up to five hundred direct care workers and their
40 48 dependents to access health care coverage sponsored by
40 49 the direct care worker's employer subject to all of
40 50 the following:

41 1 a. A participating employer provides health care
41 2 coverage that meets certain parameters of coverage and
41 3 cost specified by the department and the health care
41 4 coverage is available to the employee and the
41 5 employee's dependents.

41 6 b. A participating employer contributes payment
41 7 for at least sixty percent of the total premium cost.

41 8 c. The family income of the direct care worker is
41 9 less than four hundred percent of the federal poverty
41 10 level as defined by the most recently revised poverty
41 11 income guidelines published by the United States
41 12 department of health and human services.

41 13 d. The employee meets any requirement for minimum
41 14 number of hours of work necessary to be eligible for
41 15 the employer's health care coverage.

41 16 e. The premium cost to the employee does not
41 17 exceed seventy-five dollars per month for individual
41 18 employee coverage or one hundred ten dollars per month

41 19 for family coverage, and the employee contributes to
41 20 the cost of the premium on a sliding fee schedule
41 21 specified by the department.
41 22 f. The state may offer additional coverage for
41 23 health care services not provided or paid for by the
41 24 employer-sponsored plan that are in addition to the
41 25 requirements specified by the department. To the
41 26 extent possible, the demonstration project shall also
41 27 incorporate a medical home, wellness and prevention
41 28 services, and chronic care management.
41 29 2. Six months prior to the completion of the
41 30 three-year demonstration project, the department of
41 31 human services, in cooperation with the Iowa
41 32 caregivers association, the AARP Iowa chapter,
41 33 representatives of the senior living coordinating
41 34 unit, the Iowa child and family policy center, and
41 35 representatives of the participating employers, shall
41 36 review the project and make recommendations for
41 37 continuation, termination, modification, or expansion
41 38 of the project. The review shall also determine the
41 39 impact that premium and cost-sharing assistance has on
41 40 employee health care coverage take-up rates, on the
41 41 recruitment and retention of employees, on the ability
41 42 of the state to achieve cost savings by utilizing
41 43 employer contributions to offset the costs of health
41 44 care coverage, and on the lives of the direct care
41 45 workers and their dependents who participate in the
41 46 project. The department shall submit a written
41 47 summary of the review to the general assembly at least
41 48 ninety days prior to the scheduled completion of the
41 49 project.
41 50 Sec. ____ . EFFECTIVE DATE. This division of this
42 1 Act, being deemed of immediate importance, takes
42 2 effect upon enactment.>
42 3 #25. Title page, line 3, by striking the words
42 4 <end-of-life care decision making> and inserting the
42 5 following: <long-term living planning and patient
42 6 autonomy in health care>.
42 7 #26. Title page, by striking line 8 and inserting
42 8 the following: <transparency, health care quality,
42 9 cost containment and consumer information, health care
42 10 access, the long-term care workforce, making
42 11 appropriations, and providing effective date and
42 12 applicability provisions>.
42 13 #27. By renumbering, relettering, or redesignating
42 14 and correcting internal references as necessary.
42 15 HF 2539.1
42 16 pf/mj/12